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CLIENT INFORMATION WORKSHEETS

**DEBTOR**

**JOINT DEBTOR**

**Full Name** \_\_\_\_\_

\_\_\_\_\_

**Address** \_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

City State Zip

City State Zip

**Mailing Address** P O Box City Zip

P O Box City Zip

**Phone** \_\_\_\_\_  
HOME NUMBER

\_\_\_\_\_  
HOME NUMBER

CELL PHONE WORK PHONE

CELL PHONE WORK PHONE

Social Security Number

Social Security Number

1) List all other Maiden or different names used within the last 6 years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) List any and all prior or pending bankruptcies filed within the last ten years

City State Year

City State Year

City State Year

City State Year



PROPERTY DESCRIPTION	VALUE	LIENHOLDER	AMOUNT OWED	DATE YOU ACQUIRED PROPERTY	ANY OTHER PROPERTY OWNERS
5) Books, Pictures, Art, Stamp and any Other collectables					
6) Wearing Apparel (Garage Sale Value of Clothing)					
7) Jewelry					
8) Firearms, sports equipment, and other hobby equipment					
9) Interest in Insurance policies					
10) Annuities					
11) Pension or Profit Sharing Plans					
12) Stock, Interest in Companies					
13) Interest in Partnerships					
14) Government & Corporate Bonds, and other negotiable and non-negotiable instruments					



PROPERTY DESCRIPTION	VALUE	LIENHOLDER	AMOUNT OWED	DATE YOU ACQUIRED PROPERTY	ANY OTHER PROPERTY OWNERS
24) Boats, Motors, and accessories					
25) Aircraft and accessories					
26) Office Equipment, furnishings & Supplies					
27) Machinery, Fixtures, Equipment & Supplies					
28) Inventory					
29) Livestock, poultry and other animals					
30) Crops					
31) Farming Equipment & Implements					
32) Farm Supplies, Chemicals & Feed					
33) Other property not already listed					





CREDITOR Name & Address	ACCOUNT NUMBER	TYPE OF DEBT	AMOUNT OWED	DATE YOU ACQUIRED DEBT	Who's Debt H - Husband W- Wife or J- Joint
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**Unsecured Debts**  
(Such as credit cards, hospital, loans, past phone bills, etc.)

Example  
Painless Dental  
4269 Dauphin Street  
Mobile, Al 36604                      5698-444                      Dental                      563.00                      Aug-10 Joint

CREDITOR	ACCOUNT	TYPE	AMOUNT	DATE YOU	Who's Debt
Name & Address	NUMBER	OF	OWED	ACQUIRED	H - Husband
		DEBT		DEBT	W- Wife or J- Joint

**Unsecured Debts**  
 (Such as credit cards, hospital, loans, past phone bills, etc.)

Example  
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**LEASES OR CONTRACTS**  
 (DO YOU LEASE A CAR OR LEASE EQUIPMENT)

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<b>Dependants (that live with you)</b>		
Name	_____	_____
Age	_____	_____
Relationship	_____	_____

	<b>DEBTOR</b>	<b>SPOUSE</b>
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Marital Status	_____	_____
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Age	_____	_____
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Occupation	_____	_____
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Employer	_____	_____
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Length of Employment	_____	_____
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Monthly Income From Employment (Gross - Before taxes & deductions)	_____	_____
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Federal, State and Social Deductions	_____	_____
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Other deductions out of payroll	_____	_____
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Income from rentals or real property	_____	_____
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Income from Social Security	_____	_____
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Income from Retirement	_____	_____
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Income from alimony	_____	_____
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Income from Child Support	_____	_____
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Any and all other income	_____	_____
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EXPENSE	ESTIMATED OR ACTUAL MONTHLY AMOUNT
RENT (If not purchasing a home)	
1st Mortgage	
2nd Mortgage	
Electricity	
Gas (propane or natural)	
Home phone & cell phones combined	
Cable & Internet combined	
Other Utilities	
Home Maintenance	
Food	
Clothing	
Laundry/Dry Cleaning	
Medical & Dental (co pays plus medicine)	
Transportation (Gas, oil changes)	
Recreation	
Charitable contributions (churches, etc)	
Home Owners or Rental Insurance not included above	

EXPENSE	ESTIMATED OR ACTUAL MONTHLY AMOUNT
Life Insurance	
Automobile Insurance	
Health Insurance (Not deducted from payroll)	
Other Insurance (Not deducted from payroll)	
Automobile Payments (loan on cars)	
Other Installment Payments	
Alimony paid	
Child Support Monthly Payments	
After School Care	
Private School Expense	
College or Education Expenses	
Other Expenses not listed	

1) Income from Employment or Self Employment or Operation of Business for the last three years.

Sources (Employer or Self Employment)	Annual Amount	Year
_____	_____	2011
_____	_____	2010
_____	_____	2009

2) Income other than Employment (Social Security, Alimony, Child Support, Retirement)

Sources (Employer or Self Employment)	Annual Amount	Year
_____	_____	2011
_____	_____	2010
_____	_____	2009

3) Payments to any creditor totaling \$600.00 or more during the last 90 days

Creditor	Dates of Payments	Amount Paid	Balance Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3b) Payments to any creditor totaling \$600.00 or more during the last 90 days

Creditor	Dates of Payments	Amount Paid	Balance Owed
_____	_____	_____	_____
_____	_____	_____	_____

4) List any property garnished or seized during the last year by a creditor

Creditor	Date of Garnishment or Seizure	Property Garnished/Seized	Value
_____	_____	_____	_____
_____	_____	_____	_____

5) List any repossessions foreclosures or voluntary returns in the last year:

Creditor	Date of Repossession Foreclosure or Return	Property Description	Value Of Property
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6) Describe any assignment of property for the benefit of creditors made within last 120 days.

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6b) List all property which has been in the hands of a custodian, receiver or court official during a year.

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7) All gifts or charitable contributions during the last year  
(Except for usual gifts to family members totaling less than \$200.00)

Creditor	Dates of Payments	Amount Paid	Balance Owed
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8) List all losses from Fire, Theft, Gambling during the last year.

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9) List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys and agencies for debt consolidation or bankruptcy preparation during the last year.

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10) List all other property other than property transferred in the ordinary course of business or financial affairs of the debtor transferred withier absolutely or as security during the past year.

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11 List financial accounts and instruments held by or for the benefit of the debtor which was closed, sold or otherwise transferred in the last year. Include checking, savings accounts, funds, houses, etc.

Institution Transferred to	Account Number	Date of Closing/Transfer	Amount Received For Sale/Transfer
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12 List each safe deposit box or depository in which you have had valuables within the past year.


13 List all Setoffs made by any creditor, including bank, against a debt or the debtor within the last 90 days. (Setoff is money taken from an account to repay a loan at the same bank where your money is deposited)


14 List all property owned by another person that you or your spouse holds and controls. (Example: a car that your mom is letting you use and borrow, a piece of furniture, etc.)


15 List all prior addresses you have lived within the last two (2) years. Names used at that time.

Name Used	Street Address	City, State	Years Resided
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